



Division of Compliance and Investigations FERPA Release Form

CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION FROM EDUCATION RECORDS PURSUANT TO THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA), 20 U.S.C. § 1232g; 34 C.F.R § 99.30

TO: Texas Education Agency
Complaints Management
1701 North Congress Avenue
Austin, Texas 78701
complaintsmanagement@tea.texas.gov

FROM:

Parent* or Eligible Student** Name

Address

City State Zip Code

Telephone

E-Mail Address

I authorize TEA to disclose personally identifiable information from the education records of:

PRINT Student Full Name While Enrolled in Texas Public Schools
(First Name, Middle Name (if applicable), Last Name)

Date of Birth

Release To:

Name

Phone Number (if applicable)

Organization/Company Name (if applicable)

Fax Number (if applicable)

Address

E-Mail Address (if applicable)

City State Zip Code

Purpose for this disclosure (**REQUIRED**):

Signature of Parent* or Eligible Student** _____

Date _____

* With my parent signature I attest that my parental rights to educational records have not been affected by a court order.

** Eligible student means a student who has reached 18 years of age or is attending an institution of postsecondary education.

SUBSCRIBED AND SWORN TO BEFORE ME A NOTARY PUBLIC IN AND FOR _____ COUNTY, _____ (STATE)

THIS _____ DAY OF _____ 20 ____.

Notary Signature